

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>09/530,936</u>	FILING DATE 				
							APPLICANT(S)					
B CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* 16 cmd.		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		Canceled									
2		1										
3		2										
4		1										
5		1										
6		1										
7	1											
8		1										
9		2										
10		2										
11		2										
12		①										
13		1										
14		①										
15		①										
16		1	Canceled									
17			1									
18												
19				1								
20				2								
21				1								
22				1								
23				1								
24			1									
25				1								
26				2								
27				2								
28				2								
29				①								
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33				①								
34				2								
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44										1		
45						1						
46											1	
47												1
48												1
49												1
50												1
TOTAL IND.		↓	3	↓		↓						↓
TOTAL DEP.			27									↓
TOTAL CLAIMS			30									
51		1										
52		1										
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100												
TOTAL IND.		2	↓		↓		↓		↓		↓	
TOTAL DEP.		14										↓
TOTAL CLAIMS		16										

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS